

CLAIMS ONLY

Application Number

101 692917

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	
1			/									
2				/			51					
3				/			52					
4				/			53					
5				/			54					
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46				/			95					
47				/			96					
48				/			97					
49				/			98					
50				/			99					
Total Indep							100					
Total Depend							Total Indep					
Total Claims							Total Depend					
							Total Claims					